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Substitute for form 1449/PTO		<b>Complete if Known</b>	
<b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b>  <i>(Use as many sheets as necessary)</i>		Application Number	10645426
		Filing Date	8/21/2003
		First Named Inventor	M. Seul
		Art Unit	1634
		Examiner Name	P. DO
Sheet	of	Attorney Docket Number	
		LEAPS-C11	

## **NON PATENT LITERATURE DOCUMENTS**

Examiner Signature		Date Considered	
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**\*EXAMINER:** Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

**1 Applicant's unique citation designation number (optional). 2 Applicant is to place a check mark here if English language Translation is attached.**

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